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Country programme outline for the Comoros

Proposed UNFPA assistance:	$3.05 million: $1.75 million from regular resources and $1.3 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2003-2007)
Cycle of assistance:	Fourth
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	1.05	0.5	1.55
Population and development strategies	0.60	0.8	1.40
Programme coordination and assistance	0.10	-	0.10
Total	1.75	1.3	3.05

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I. Situation analysis

1. The population of the Comoros, estimated at 583,300 in 2001, is growing at a rate of 2.8 per cent per year. The average population density is 301 persons per square kilometre. Sixty-five per cent of the population lives in rural areas and 57 per cent of the population is younger than 20 years. The primary school net enrolment ratio is 65 per cent for boys and 55 per cent for girls.

2. Women of reproductive age represent 23 per cent of the population. The total fertility rate is 5.1 children per woman and the contraceptive prevalence rate is 19.4 per cent. The maternal mortality ratio is 517 deaths per 100,000 live births. Health care professionals are present at two thirds of all births.

3. On the political front, a new constitution, in force since December 2001, has accorded autonomy to the three islands in the Comoros: Anjouan, Grande Comore and Moheli. The proposed UNFPA country programme takes this new political framework into account.

4. The proposed programme was formulated with the Government, in collaboration with national partners, United Nations agencies and other multilateral and bilateral donors. It has been harmonized with the programme cycles of the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and UNDP, and is based on the strategic focus identified in the common country assessment (CCA) and the United Nations Development Assistance Framework (UNDAF). The country population assessment and the evaluation of the third UNFPA country programme have also been taken into consideration.

II. Past cooperation and lessons learned

5. The third UNFPA country programme for the Comoros, originally approved for 1997-2001, was extended through 2002. The extension allowed the programme to be harmonized with the programme cycles of UNDP and UNICEF. The programme was in the amount of $3.4 million ($3 million from regular funds and $0.4 million from other resources). The reproductive health sector also benefited from a $1.3 million grant from the United Nations Foundation.

6. Under the third country programme, partnerships were strengthened with the Comorian Red Cross and the *Association comorienne pour le bien-être de la famille* (the Comorian Association for Family Well-Being), an affiliate of the International Planned Parenthood Federation, to provide reproductive health information and counselling through a network of youth associations and health centres. The technical capacity of national institutions was enhanced, which facilitated the delivery of a basic package of reproductive health services in five pilot districts and at 20 health posts. Reproductive health interventions were included in the *Etats généraux de la santé*, a health reform assessment activity, as well as in the programmes of the Ministries of Education, Youth and Sports.

7. In the area of population and development strategies, research activities helped to improve the quality of reproductive health services and enhance awareness and knowledge of population issues among decision makers. The use of grass-roots collaborators in data collection and analysis increased community participation. The gender dimension of population and development was increasingly mentioned in official statements, and a national policy on the promotion of women is being formulated.

8. The third country programme faced a number of challenges. Social mobilization activities were weak, especially in the campaigns for safe motherhood and adolescent reproductive health. Moreover, monitoring and coordination structures were hampered by the socio-political crisis.

9. A number of lessons were learned during the implementation of the third country programme. For example, the programme required national and international expertise, including assistance from the UNFPA Country Technical Services Team (CST) based in Harare, Zimbabwe. National capacity-building was deemed a priority, along with strengthening grass-roots participation in the planning and implementation of health and education activities. In the area of emergency obstetric care, health management committees will have to be strengthened and ambulances made available to women experiencing complications during pregnancy and delivery.

10. As the lead agency in population, UNFPA is collaborating with other United Nations agencies in providing assistance to the 2002 population census. Together with UNDP, UNFPA will continue efforts to integrate family life education and population components into income-generating activities and the environmental resource management projects of UNDP. The collaboration already in place with UNICEF and WHO will continue in the areas of safe motherhood, the prevention of sexually transmitted infections (STIs), including HIV/AIDS, and the operationalization of the health district and health insurance plans. Cooperation with non-governmental organizations (NGOs), especially in the area of adolescent reproductive health, should be sustained. Stakeholders, especially young people, will be encouraged to participate in population and health activities.

III. Proposed programme

11. The proposed programme, which has emerged from national and regional workshops, aims to improve the quality of life of the Comorian people by helping to balance population dynamics with societal resources. Activities will: (a) enhance the right to sexual and reproductive health; (b) reduce HIV/AIDS prevalence; and (c) promote gender equity and equality, especially in sexual and reproductive health decision-making and in education. The integration of population concerns into the national poverty eradication effort will also be supported.

12. The expected outcome of the reproductive health subprogramme, which includes gender, is the creation of an enabling environment for high-quality, integrated reproductive health programmes. These programmes will aim to prevent STIs and HIV/AIDS; eradicate practices harmful to women's health; and encourage the use of reproductive health services by women, men and young people.

13. The expected outcome of the population and development strategies subprogramme is the improved management of issues related to population, development, and gender equality and equity. Overall strategies for the country programme will include: (a) enhancing national and regional capacity-building; (b) consolidating achievements in reproductive health service delivery in five priority health districts, with possible replication in other areas; (c) enhancing advocacy efforts to complete the family code; (d) promoting social mobilization in support of programme objectives; (e) promoting behaviour change in reproductive health and gender equality issues; (f) enhancing the use of population databases for development planning; and (g) improving partnerships among external donors, the Government and civil society.

14. The proposed programme recognizes the urgent need of young people for reproductive health services. Attention will be focused on emergency obstetric care, the prevention of HIV/AIDS, and the treatment of STIs and complications arising from unsafe abortions. Information on adolescent reproductive health will be disseminated and services delivered in collaboration with NGOs and public-sector facilities. The training of service providers will be geared towards integrating adolescent reproductive health into the national youth policy that is being finalized.

The use of sociodemographic data from the 2002 census for social and development planning will be promoted. Gender concerns, HIV/AIDS issues and collaboration with civil society will be incorporated as cross-cutting issues into the proposed country programme.

Reproductive health subprogramme

15. In the area of reproductive health, the first output will be a reinforced regional action plan on behaviour change communication (BCC). The plan, to be implemented in five priority health districts, will be directed at reducing unsafe reproductive health behaviour among men, women and young people. Activities will focus on the training of national personnel in social mobilization and on the management and implementation of coordinated BCC plans of action. Related messages and materials will be produced and disseminated through the media, targeting parents as well as political, administrative and religious leaders.

16. The second output will be the increased availability of reproductive health information and services for young people, including counselling, peer education, and life skills development aimed at encouraging responsible sexual behaviour and preventing STIs and HIV/AIDS. Activities will include training service providers from the public and private sectors in counselling; providing information on the prevention of unwanted pregnancies; and improving pre- and post-natal services for adolescent mothers. Activities to strengthen partnerships with NGOs working in the formal school system will help to expand the demand for and access to existing adolescent reproductive health services and information. This output will be implemented at 20 public-sector service delivery points and at community or youth service centres located in five priority health districts.

17. The third output, which will be achieved within the context of the national family planning programme, will be an improved reproductive health programme that includes the provision of emergency obstetric care as well as the treatment of complications from unsafe abortions in five priority health districts. Activities will include training regional health managers to manage the reproductive health/family planning programme and the reproductive health commodity supply system. Partnerships with NGOs will help to increase the accessibility of reproductive heath services and modern contraceptive methods.

18. The fourth output will provide integrated, high-quality reproductive health services in five priority health districts through enhanced coordination with NGOs. In this regard, the Ministry of Health and the *Ordre national des medecins* (national association of physicians) have signed a declaration on collaboration and mutual support in reproductive health. The agreement calls for training and other capacity-building activities; the collection of reproductive health data; and the delivery of a basic package of reproductive health services that focuses on family planning, the prevention of STIs and HIV/AIDS, and the provision of basic family planning equipment.

Population and development strategies subprogramme

19. In the area of population and development strategies, the first output will be strengthened technical and institutional capacities in formulating, managing and coordinating population and gender policies and programmes at regional and national levels. Activities will include: (a) developing technical tools to articulate a population and development policy; (b) implementing a strategy to integrate population variables and gender concerns into sectoral programmes on poverty eradication; (c) creating functional, intersectoral mechanisms to monitor the implementation of population and gender programmes at national and regional levels; and (d) training in formulating,

managing and coordinating population and development programmes.

20. National partners, such as the national network of women and development, will be assisted in incorporating a gender approach in their work. Special attention will be given to developing tools for programme management, coordination and national capacity-building.

21. The second output will be the availability of updated sociodemographic data, disaggregated by sex, for development planning at national and regional levels. The main activities will include: (a) elaborating an action plan; (b) advocacy for increased financial resources to collect, analyse and use data; (c) establishing national and regional population databases; (d) integrating 2002 census results into development planning; and (e) conducting research in population and reproductive health.

22. The third output will be knowledge sharing regarding women's rights, including reproductive rights, and enhancing the participation of women in decision-making. Activities will include developing a research-based advocacy strategy for religious and traditional leaders. Social mobilization activities, based on the Convention on the Elimination of All Forms of Discrimination against Women, will be conducted at national and regional levels, targeting youth associations, NGOs and religious leaders. Advocacy activities for parliamentarians will be carried out to support the implementation of laws protecting women.

IV. Programme management, monitoring and evaluation

23. The proposed programme will be coordinated by the General Planning Department and executed at the central and regional levels in collaboration with sectoral ministries and NGOs. The CST in Harare, the UNFPA country office, national and international experts, and United Nations Volunteers will provide technical support.

24. A management committee consisting of representatives of national implementing agencies, the Government and United Nations agencies will be established, after the institutional structure of the autonomous islands is established and operational. The committee will meet annually to provide oversight; assess results, constraints and challenges; and recommend corrective action.

25. Monitoring and evaluation mechanisms will be harmonized with those of other United Nations agencies. The UNDAF and the indicators in the logical framework matrix of the programme will be taken into account. Annual reviews will be undertaken and a final programme evaluation will be organized.

26. The UNFPA country office consists of an Assistant Representative and several support staff. The UNFPA Representative is based in Madagascar. For adequate management of the country programme, additional staff may be recruited, as necessary.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR THE COMOROS

UNDAF Objective: To contribute to promoting access to, and use of, high-quality basic social services for all, in accordance with national objectives in basic education, technical and professional training, health-care reform, child survival, reproductive health, the fight against diseases and nutritional deficiencies, and access to safe water and sanitation

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To contribute to an improved quality of life for the Comorian people by helping to balance population dynamics with societal resources through activities that: (a) enhance the right to sexual and reproductive health; (b) reduce the level of HIV/AIDS prevalence; and (c) promote gender equity and equality, especially in sexual and reproductive health decision-making and in education	*[Reproductive health subprogramme]* Creation of an enabling environment for high-quality, integrated reproductive health programmes aimed at: preventing STIs and HIV/AIDS; eradicating practices harmful to women's health; and encouraging the use of reproductive health services by women, men and young people	• By 2007, a 25% increase in contraceptive prevalence; a 200% increase in the use of adolescent reproductive health service delivery points, including information, education and communication (IEC) and counselling services for youth and adolescents; and a reduction of the STI prevalence rate to 10% • By 2007, over 70% of deliveries attended by qualified staff; and 40% of parents sensitized to issues of adolescent reproductive health issues and the need for family life education	Output 1: Reinforced regional action plan on behaviour change communication implemented Output indicators: • At least three studies on IEC, reproductive health and gender conducted and results disseminated; • At least 10 advocacy activities discouraging harmful practices implemented Output 2: Increased availability of reproductive health information and services for young people Output indicator: • By 2007, at least 50% of young people exposed to family life education and the use of reproductive health services Output 3: Improved reproductive health programme Output indicator: • By 2007, 100% of diagnosed sexually transmitted infections are treated Output 4: Provision of integrated, high-quality reproductive health services in five priority health districts through enhanced coordination with NGOs Output indicator: • By 2007, at least three of the following reproductive health services are available: modern family planning methods; emergency obstetrical care; prevention and treatment of reproductive tract infections; treatment of abortion-related complications; and IEC and counselling on sexual and reproductive health, including family planning	**Total Resources**: $3.05 million ($1.75 million from regular resources and $1.3 million through co-financing modalities and/or other, including regular, resources) **Total for reproductive health subprogramme:** $1.55 million ($1.05 million from regular resources and $0.5 million through co-financing modalities and/or other, including regular, resources)

UNDAF Objective: To contribute to creating an environment conducive to effective participation in decision-making mechanisms and to decentralization				
UNFPA Goal	**Outcome**	**Indicators**	**Outputs and Key Indicators**	**Resources**
Same as above	*[Population and development strategies subprogramme]* Creation of an enabling environment for the improved management of issues related to population, development, and gender equality and equity	• By 2007, sectoral development strategies and programmes are in place, implemented through a gender approach integrating population variables at national and regional levels; • By 2007, human and technical resources necessary for the implementation of population, development and gender programmes are available at national and regional levels; • By 2007, a national policy on women's rights is operational and the social, legal and political environment is favourable to the application of the Convention on the Elimination of All Forms of Discrimination against Women(CEDAW); • By 2007, updated and sex-disaggregated population data are accessible for planning, programming and evaluation purposes; and • By 2007, there is a 30% increase in the number of women in decision-making level positions	Output 1: Strengthened technical and institutional capacities in formulating, managing and coordinating population and gender policies and programmes at regional and national levels Output indicators: • By 2007, technical tools are available for developing a population policy integrating gender; • By 2007, population variables and a gender-based approach are integrated in poverty eradication programmes at national and regional levels Output 2: Availability of updated sociodemographic data, disaggregated by sex, for development planning at national and regional levels Output indicators: • Sociodemographic data base disaggregated by sex available Output 3: Strengthened environment, favourable to women's participation at every level of decision-making and to the exercise of women's rights under the law, especially with regard to sexual and reproductive health, and the enforcement of family protection laws Output indicators: • Every women's association at national and regional level has access to information on sexual and reproductive health and rights • Every NGO is informed about the content of CEDAW	**Total for population and development strategies subprogramme:** $1.4 million ($0.6 million from regular resources and $0.8 million through co-financing modalities and/or other, including regular, resources) **Total for programme coordination and assistance:** $0.1 million from regular resources

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